

MDR Tracking Number: M5-04-3885-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 7-13-04.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits, hot and cold packs, unattended electric stimulation, ultrasound, massage therapy and neuromuscular reeducation from 2-13-04 through 2-16-04 **were found** to be medically necessary. The remaining dates of service (2-17-04 through 2-27-04) **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 2-13-04 through 2-27-04 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 30th day of September 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

MEDICAL REVIEW OF TEXAS
[IRO #5259]
3402 Vanshire Drive Austin, Texas 78738
Phone: 512-402-1400 FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

REVISED 9/1/04

TWCC Case Number:	
MDR Tracking Number:	M5-04-3885-01
Name of Patient:	
Name of URA/Payer:	
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

CLINICAL HISTORY

Available information suggests that this patient reports experiencing low back injury on ____ while performing work related activity. She presented to a chiropractor, Dr. F, DC, on or about 01/16/04 and was diagnosed with non-specific low back pain and spasm. The patient was

treated initially with multiple units of passive therapy. MRI is performed 02/10/04 suggesting broad based L4/5 disc protrusion with no canal stenosis or foraminal encroachment. A mild lumbar scoliosis is also noted. Unsigned chiropractic SOAP notes appear to suggest only a muscle and joint disorder with treatment consisting of manipulation, ultrasound, ice packs, electric stimulation and vibratory massage. No home-based exercise instruction appears to be given. No frequency or duration of care appears to be noted. Chiropractic notes appear to indicate that the patient is admitted to rehabilitation and strengthening program on or about 02/09/04, but no specific notes for this are provided for review. ADL instructions also appear to be given to patient but no specifics of this are provided for review. There is one chart copy of non-specific AROM exercises provided for 02/17/04 but no clinical correlation for this is provided for review. Chiropractic modalities of this nature appear to continue essentially unchanged through 05/26/04. The patient does appear to undergo periodic pain management evaluations with an unnamed physician. These notes on 04/19/04 suggest that this patient's conditions have gotten progressively worse with accompanying weakness.

REQUESTED SERVICE(S)

Determine medical necessity for office visits (99213), hot and cold packs (97010), unattended electric stimulation (G0283), ultrasound (97035), massage therapy (97124), and neuromuscular reeducation (97112) for period in dispute 02/13/04 through 02/27/04.

DECISION

There appears to be reasonable medical necessity for chiropractic manipulation and modalities from 01/16/04 to 02/16/04 (4weeks duration). Medical necessity for these ongoing treatments and services (02/17/04 through 02/27/04) **are not supported** by available documentation.

RATIONALE/BASIS FOR DECISION

As this patient appears to make very little objective, subjective or progressive improvement in this time, ongoing therapeutic modalities of this nature suggest little potential for further restoration of function or resolution of symptoms to the point of resolution. There is no indication that this largely passive therapy program cures or relieves the effects of this injury, promotes recovery, or has helped the patient to return to or retain employment. Though active therapeutic rehabilitation would appear to be an appropriate intervention at this phase, this program does not appear to be appropriately documented.

In addition, chiropractic notes do not indicate that neuromuscular reeducation was ever performed or ordered by treating doctor.

1. Philadelphia Panel Evidence-Based Clinical Practice Guidelines on Selected Rehabilitation Physical Therapy, Volume 81, Number 10, October 2001.
2. Hurwitz EL, et al. The effectiveness of physical modalities among patients with low back pain randomized to chiropractic care: Findings from the UCLA Low Back Pain Study. J Manipulative Physiol Ther 2002; 25(1):10-20.
3. Bigos S., et. al., AHCPR, Clinical Practice Guideline, Publication No. 95-0643, Public Health Service, December 1994.
4. Harris GR, Susman JL: "Managing musculoskeletal complaints with rehabilitation therapy" [Journal of Family Practice](#), Dec, 2002.
5. Morton JE. Manipulation in the treatment of acute low back pain. J Man Manip Ther 1999; 7(4):182-189.
6. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Mercy Center Consensus Conference, Aspen Publishers, 1993.

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials.

No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned individual. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.